

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90355 010 ***150.00

DOCUMENT # H66136

1. Entity Name

AUTO PAINTING U.S.A. BODY REPAIR CENTERS, INC. OF

Principal Place of Business

5388 10TH AVE NORTH
 GREENACRES FL 33463

Mailing Address

5388 10TH AVE NORTH
 GREENACRES FL 33463

2. Principal Place of Business

1805 S.W. 31ST Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

4. FEI Number

59-2551936

Applied For

Not Applicable

Zip

Country

Zip

Country

33009

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAPIR, M. RICHARD ESQ.
222 LAKEVIEW AVE SUITE 1400
SUITE 1200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Thomas J Kobus

Street Address (P.O. Box Number is Not Acceptable)

5388 10th Ave. No.

City

GREENACRES

FL

Zip Code

33463

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Thomas J Kobus

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/14/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KOBUS, THOMAS	
STREET ADDRESS	8111 GARDEN RD. UNIT K	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOBUS, KATHLEEN	
STREET ADDRESS	8111 GARDEN RD UNIT K	
CITY-ST-ZIP	WPB FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASASNOVAS, CLAUDIO	
STREET ADDRESS	8111 GARDEN RD UNIT K	
CITY-ST-ZIP	WPB FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Kobus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

561-649-1043

Date

Daytime Phone #

CR2E034 (10/00)